

2001 UNIFORM BUSINESS REPORT (UBR)

0004372 AF

DOCUMENT # **A00000001694**

1. Entity Name

CARLOS PROPERTIES, LTD.

FILED

01 APR 16 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~C/O CARLOS WILLARD & FLANAGAN, P.A.~~
999 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES FL 33134

~~C/O CARLOS WILLARD & FLANAGAN, P.A.~~
999 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

999 Ponce de Leon Blvd

999 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1000

Suite 1000

City & State

City & State

Coral Gables, Fla

Coral Gables, Fla

Zip

Country

Zip

Country

33134

USA

33134

USA

4. FEI Number

Applied For

65-1060399

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLOS, THOMAS P

Name

~~C/O CARLOS WILLARD & FLANAGAN, P.A.~~

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON BLVD., SUITE 1000

CORAL GABLES FL 33134

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000103942
NAME CARLOS PROPERTIES, INC.
STREET ADDRESS 999 PONCE DE LEON BLVD., SUITE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas P. Carlos

1/15/01

Date

305-444-1500

Daytime Phone #

CR2E003 (11/00)